



## Income, Expenses, Liabilities & Goals

### Income

	Owner	Annual Amount	Starts	Ends
Salary + Bonus				
Salary + Bonus				
Other				
Other				
Client Social Security				
Spouse Social Security				

### Expenses

Current	Retirement	Desired Income in the Event of Death:	
		Client's Death	Spouse Death

### Liabilities

Mortgage/Loans	Property	Original Balance	Current Balance	Interest Rate	Loan Term

### Goals

Name	Total/Annual Amount	Type	Starts	Ends	Monthly Savings

## Client Expectations

What do you think is reasonable?

	Retirement Age	Life Expectancy	Pre-Retirement Growth Rate	Post-Retirement Growth Rate
Client				
Spouse				

## Retirement Accounts (IRA's, Roth's & Deferred Comp)

Account Type/Name	Custodian	Current Value	Monthly Contribution	Owner

## Annuities

	Policy 1	Policy 2	Policy 3
Policy Owner(s)			
Annuitant(s)			
Beneficiary(s)			
Purpose of Policy			
Policy Number			
Tax Qualification			
Policy Type (Fixed, Immediate, Variable, Fixed Indexed)			
Current Account Value			
Current Surrender Value			
Current Death Benefit			
Policy Features			

## Non-Retirement/Cash Accounts

Account Type/Name	Custodian	Current Value	Monthly Contribution	Owner

## Real Estate & Personal Property

**This category includes all of your worldly possessions.**

**Take a moment to inventory everything you've accumulated and value it here.**

[illegible]

## Financial Team

### Who is currently on your Financial Team?

Financial Advisor \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ ☐ Business ☐ Personal

Accountant Phone Email ☐ Business ☐ Personal

☐ Business   ☐ Personal

Investment Banker Phone Email ☐ Business ☐ Personal

Business Attorney Phone Email ☐ Business ☐ Personal

Insurance Agent \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ ☐ Business ☐ Personal

## Business Interests

Business Name/Type	Current Value	Owner

### Identify

**1. What is the business entity?**

- ☐ Sole proprietorship
- ☐ LLC
- ☐ LP/LLC
- ☐ General Partnership
- ☐ S-corp
- ☐ C-corp

**2. Have you had a business valuation?**

- ☐ Yes (if yes, go to 3)
- ☐ No (if no, go to 6)

**3. When was the valuation?**

- ☐ <1 year
- ☐ 1-2 years
- ☐ >2 years

**4. Who provided the valuation?**

- ☐ CPA
- ☐ Investment Banker
- ☐ Certified Valuation Professional
- ☐ Business Broker
- ☐ Other \_\_\_\_\_

**5. What Value was determined? \_\_\_\_\_**

**6. What were gross sales last fiscal year? \_\_\_\_\_**

**7. What was EBITDA last fiscal year? \_\_\_\_\_**

**8. Does your business sponsor a retirement plan?**

- ☐ Yes
- ☐ No

### Protect

**1. Do you have insurance for business purposes?**

- ☐ Yes (if yes, go to 2)
- ☐ No (if no, go to 4)

**2. What type of insurance is in place?**

- ☐ Buy/Sell
- ☐ Key Person
- ☐ Split Dollar
- ☐ Deferred Compensation
- ☐ Other \_\_\_\_\_

**3. When was the current insurance last viewed?**

- ☐ <1 year
- ☐ 1-2 years
- ☐ >2 years

**4. Would business be able to continue without you?**

- ☐ Yes
- ☐ No

**5. Is there a written plan in place if something unforeseen occurs?**

- ☐ Yes
- ☐ No

**6. Are you confident that your compensation and benefit packages are competitive in recruitment?**

- ☐ Yes
- ☐ No

**7. Are there any employees so valuable you would take action to keep them?**

- ☐ Yes
- ☐ No

### Harvest

1. **When do you plan to exit your business?**
  - ☐ 1-2 years
  - ☐ 3-5 years
  - ☐ 5-10 years
  - ☐ >10 years
2. **Is there written business succession plan in place?**
  - ☐ Yes
  - ☐ No
3. **Have you discussed your plan with the other parties involved?**
  - ☐ Yes
  - ☐ No
4. **Do you have a plan for yourself post-transition?**
  - ☐ Yes
  - ☐ No

### Manage

1. **What percentage of your net worth is comprised of your business's value?**
  - ☐ <25%
  - ☐ 25-50%
  - ☐ 50-75%
  - ☐ >75%
2. **Do you have a plan to monetize your business's value?**
  - ☐ Yes
  - ☐ No
3. **Do you need your business to maintain your current standard of living?**
  - ☐ Yes
  - ☐ No
4. **Do you have a personal estate plan?**
  - ☐ Yes
  - ☐ No
5. **Do you have a personal legacy plan?**
  - ☐ Yes
  - ☐ No

# Personal Insurance

## Life Insurance

	Policy 1	Policy 2	Policy 3
Owner			
Insured(s)			
Beneficiary(s)			
Purpose of Policy			
Policy Number			
Carrier			
Policy Type (Term, UL, WL, Var.)			
Current Death Benefit			
Current Cash Value			
Annual Premium			
Years to Pay Premium			
Years of Death Benefit Left			

## Long-Term Care Insurance

	Policy 1	Policy 2	Policy 3
Policy Name			
Policy Features			
Insured			
Benefit Amount/Frequency			
Annual Premium			

## Disability Insurance

	Policy 1	Policy 2	Policy 3
Policy Name			
Policy Type			
Insured			
Benefit Amount/Frequency			
Annual Premium			
Is Benefit Taxable?			

## Property & Casualty

	Auto	Home/Renters	Umbrella
Coverage			
Carrier			

## Estate Planning

### Revocable Trusts

Trust Names	Do assets pass through Revocable Trust to avoid probate?	If Yes, what percent?

### Irrevocable Trusts

Type	Trust	Trustees	Purpose

### Wills

	Client	Spouse
Credit Shelter Trust Utilized for Client?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charitable Bequest (\$)		
Specific Bequest to Heirs(\$)		
Remaining Estate goes to: (Spouse/Heirs)	<input type="checkbox"/> Spouse <input type="checkbox"/> Heirs	<input type="checkbox"/> Spouse <input type="checkbox"/> Heirs

### Additional Documents

	Client	Spouse
Durable Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Advanced Directive / Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardianship for minors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardianship for special needs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Other Notes



## VAULT CHECK LIST

# PROTECT YOUR IMPORTANT DOCUMENTS

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### Legal Documents

- ☐ Wills
- ☐ Deeds
- ☐ Revocable & Irrevocable Trusts
- ☐ Power of Attorney
- ☐ Codicils (Supplements made to a Will)
- ☐ Living Wills/Health Directives
- ☐ Prenuptial Agreements
- ☐ Buy/Sell Agreements
- ☐ Contracts

### Insurance Policies

- ☐ Life
- ☐ Long-Term Care
- ☐ Disability
- ☐ Medical
- ☐ Vehicle
- ☐ Home
- ☐ Renters
- ☐ Umbrella

### Property

- ☐ Titles to Home, Autos, Boats, etc.
- ☐ Warranties

### Liabilities

- ☐ Mortgages
- ☐ Loans

### Taxes

- ☐ Tax Returns

### Benefits/Entitlements

- ☐ Social Security
- ☐ Employment Benefits
- ☐ Veteran's Administration Information

# RISK TOLERANCE QUESTIONNAIRE

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1. If you own a home, do you have more than 30% equity?  
☐ No  
☐ Yes
2. Which of the following best describes your current employment situation?  
☐ Full-Time  
☐ Part-Time  
☐ Retired  
☐ Unemployed
3. From an original investment of \$15,000, your portfolio now worth \$25,000 suddenly declines \$3,750 (or 15%). Which best describes your response?  
☐ I would look for a way to invest more  
☐ I would take no action  
☐ I would be somewhat concerned  
☐ I would avoid any investment that could suddenly lose 15% of its value
4. Your portfolio from the previous question, now worth \$21,250 suddenly declines another \$2,125 (or 10%). Which best describes your response?  
☐ I would look for a way to invest more  
☐ I would take no action  
☐ I would be somewhat concerned  
☐ I would probably sell  
☐ I would have never made this investment
5. Have you invested in Equities?  
☐ No  
☐ Yes
6. Have you invested in Fixed Income?  
☐ No  
☐ Yes
7. Have you invested in Mutual Funds?  
☐ No  
☐ Yes
8. Have you invested in Options, Futures or Derivatives?  
☐ No  
☐ Yes
9. How would you describe your level of investment knowledge?  
☐ None  
☐ Limited  
☐ Good  
☐ Extensive
10. How much investment experience do you have?  
☐ None  
☐ Limited (1 to 3 years)  
☐ Good (3 to 5 years)  
☐ Extensive ( >5 years)
11. Do you have current income needs from this investment?  
☐ No  
☐ Yes
12. When will you begin to use the money from your goal?  
☐ Less than two years  
☐ Two to five years  
☐ Five to 10  
☐ More than 10 years